

826 747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

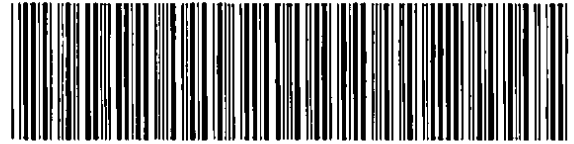
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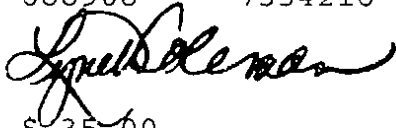
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MAY 28 2019

FILED
2019 MAY 24 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FL

19 MAY 24 AM 10:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

with

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 688908 7334216
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : March 18, 2019
ORDER TIME : 10:13 AM
ORDER NO. : 688908-030
CUSTOMER NO: 7334216

FOREIGN FILINGS

NAME: CUBIC SIMULATION SYSTEMS, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

CUBIC SIMULATION SYSTEMS, INC.

(Name of Corporation)

826747

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

Incorp Services, Inc. 17888 67th Court North

(Mailing Address)

Loxahatchee, FL 33470

(City/ State /Zip)

2019 MAY 24 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

3-7-19

(Date)

Karen Blom

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35